							_					
	in this information to btor 1											
		Donnie Ray	Cozart			_						
1 -	btor 2 ouse, if filing)					_						
Un	ited States Bankrup	tcy Court for the	: MIDDLE DISTRICT O	F NORTH CAROLIN	A							
Case number 19-10284							Chec	k if this is	•			
								n amende	•			
										g postpetition ollowing date:		
0	fficial Form	106I					N	/M / DD/ \	YYYY			
S	chedule I:	Your Inc	ome								12/1	
spo atta	rt 1: Describ	erated and you et to this form. e Employment	are married and not filing wi or spouse is not filing wi On the top of any addition	th you, do not inclu	de inforr	nati	on abou	t your sp	ouse. If mo	ore space is	needed,	
1.	Fill in your employment information.		Debtor 1					Debtor 2 or non-filing spouse				
	If you have more attach a separate		Employment status	■ Employed				☐ Employed				
	information about additional employers.  Include part-time, seasonal, or self-employed work.		, .,	☐ Not employed				☐ Not employed				
			Occupation	Retired								
			Employer's name									
	Occupation may i or homemaker, if		Employer's address									
			How long employed the	here?				_				
Pa	rt 2: Give De	tails About Mor	nthly Income									
	imate monthly incouse unless you are		ate you file this form. If y	you have nothing to re	eport for	any	line, write	e \$0 in the	space. Inc	clude your no	n-filing	
	ou or your non-filing re space, attach a se		ore than one employer, co this form.	ombine the information	n for all e	mpl	oyers for	that perso	on on the li	nes below. If	you need	
							For Del	btor 1		btor 2 or ng spouse		
2.		<b>List monthly gross wages, salary, and commissions</b> (beindeductions). If not paid monthly, calculate what the monthly			2.	\$		0.00	\$	N/A	-	
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A	-	
4.	Calculate gross Income. Add line 2 + line 3.				\$		0.00	\$	N/A			

Deb	tor 1	Donnie Ray Cozart	-	С	ase nun	nber ( <i>if kr</i>	nown)	19-10	284		
Conv		by line 4 here			For Debtor 1			For Debtor 2 or non-filing spouse			
	-	-	4.		Ψ		7.00	Ψ		13/7	<u> </u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a		\$		0.00	\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b		\$		0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$		0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$		0.00	\$		N/A	_
	5e. 5f.	Insurance Domestic support obligations	5e 5f.		\$ \$		0.00	\$		N/A	_
	5g.	Union dues	5g		\$ 		0.00	\$ 		N/A N/A	_
	5h.	Other deductions. Specify:	5h		\$			+ \$		N/A	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		* \$		0.00	\$		N/A	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	* \$		0.00	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	(	0.00	\$		N/A	_
	8b.	Interest and dividends	8b		\$		0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$	(	0.00	\$		N/A	<u>.</u>
	8d.	Unemployment compensation	8d		\$		0.00	\$		N/A	1
	8e.	Social Security	8e		\$	1,435	5.00	\$		N/A	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$		0.00	\$		N/A	_
	8g.	Pension or retirement income	8g		\$		0.00			N/A	_
	8h.	Other monthly income. Specify:	_ 8h	.+	\$	(	0.00	+ \$		N/A	<u></u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		1,435	5.00	\$		N/	A
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	1 4	35.00	+ \$		N/A	= \$	1,435.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		<b>–</b>	•,•	00.00	-		14//		1,400.00
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00										
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certainlies							12.	\$	1,435.00
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							Combi month	ned ly income
	_	Voe Evolain									